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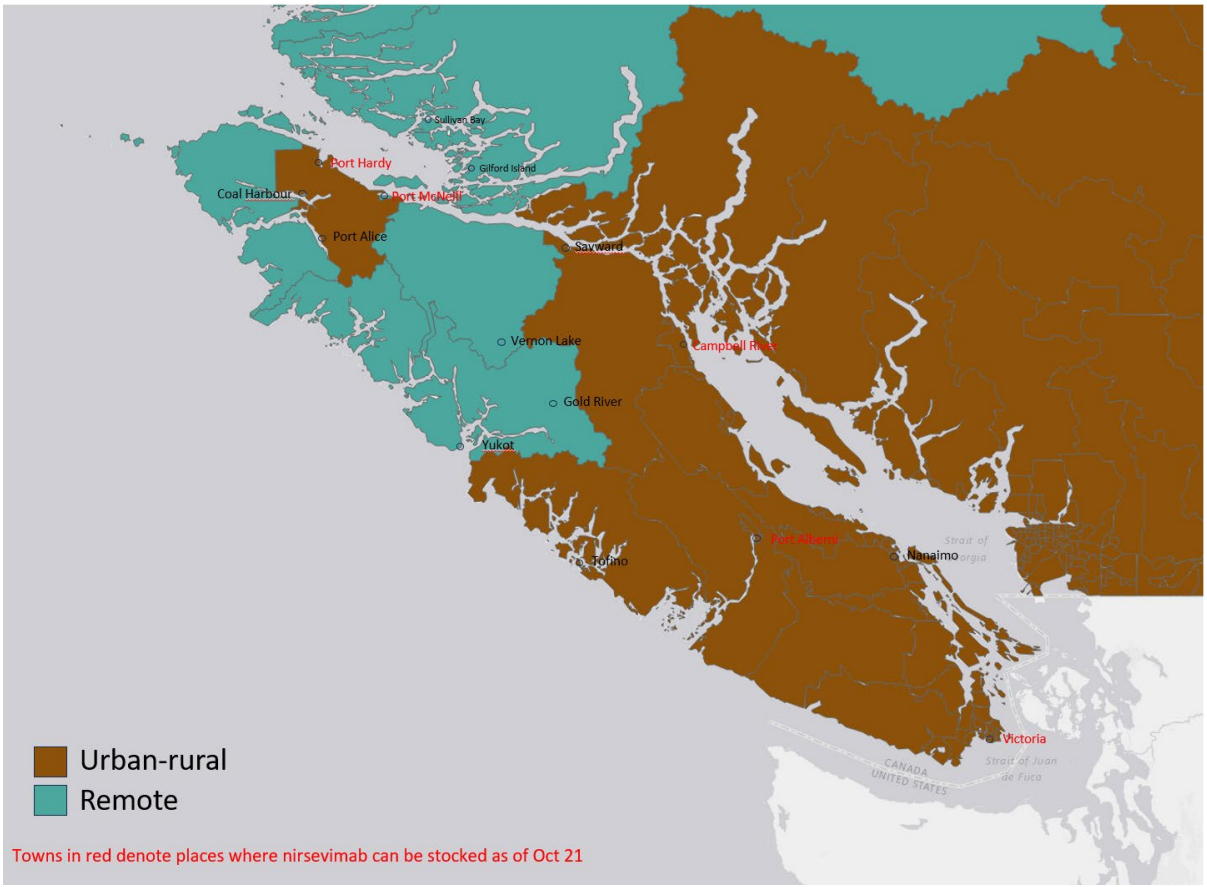
November 8, 2024

MHO Newsletter: Respiratory Syncytial Virus (RSV) monoclonal antibody for infants (nirsevimab)

Dear Physicians, Nurse Practitioners and Midwives for Vancouver Island North Remote, Vancouver Island West and Port McNeill/Sointula communities:

RSV is a common and very contagious virus that is a major cause of lower respiratory tract illness, especially in infants, young children, and older adults. In Canada, RSV causes annual outbreaks of respiratory tract disease, usually starting in late fall and continuing through early spring. Currently, RSV activity is low in Island Health. However, with the virus already detected and spreading on the mainland, we expect RSV season to start here in the next couple of weeks.

This year, limited doses of nirsevimab, the long-acting RSV monoclonal antibody, will be made available for infants born after March 31, 2024, who primarily reside in Vancouver Island North Remote, Vancouver Island West and Port McNeill/Sointula communities (eligible geographic areas highlighted in green):



Nirsevimab doses will be prepositioned at locations indicated in red.

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- **For eligible babies born during the upcoming RSV season, nirsevimab is ideally administered prior to discharge and within a week of birth.** In the case of a prolonged hospital stay, it should be administered shortly before or promptly after discharge. Nirsevimab will be available to these infants at the North Island Hospital Campbell River & District, Port Hardy Hospital, Port McNeill Hospital and West Coast General Hospital elsewhere by special arrangement through Public Health and/or First Nations Health Authority (e.g., Nanaimo Regional General Hospital, Victoria General Hospital, BC Women's Hospital).

- **For eligible babies born before RSV season (but after March 31, 2024), nirsevimab can be administered at their local Health Unit (Campbell River, Port Hardy, Port Alberni or Port McNeill) or elsewhere by special arrangement through Public Health and/or First Nations Health Authority.**
    - Nirsevimab can be administered on the same day, or at any time before or after, routine childhood vaccines. Because the monoclonal antibody targets a specific antigen, nirsevimab would not be expected to interfere with immunizations for protection from other infections.

Please discuss nirsevimab with all eligible families in your practice (see attached Patient Information sheet). Once informed consent is obtained, please register the eligible infant through RedCap link and let the family know that Public Health or First Nations Health Authority will be contacting them shortly to arrange administration. You will need the infant's current weight in order to complete the registration.

Please note that the RSVpreF vaccine (Abrysvo) may be considered during pregnancy, to prevent severe RSV disease in the infant. For infants whose mother/birthing parent received RSVpreF vaccine at 32-36 weeks of pregnancy, where at least 14 days passed between vaccination and birth, nirsevimab will not usually be indicated. However, if the infant is at increased risk for severe RSV disease or is born less than 14 days after the RSV vaccine was given, nirsevimab should still be provided. RSVpreF vaccine is not currently publicly funded in BC but can be accessed through prescription and private purchase from a pharmacy.

For additional information see attached:

- **BC RSV Immunoprophylaxis Program Letter- Nirsevimab implementation for the 2024-2025 RSV immunoprophylaxis season**

More Information and Resources:

- National Advisory Committee on Immunization (NACI)'s Statement on the Prevention of Respiratory Syncytial Virus (RSV) Disease in Infants
- HealthLinkBC Respiratory Syncytial Virus (RSV) Infection
- ImmunizeBC- RSV Vaccine for use in Pregnancy
- Parent education for RSV RSV-and-your-child.pdf (cw.bc.ca)
- Parent education for nirsevemab Nirsevimab.pdf (cw.bc.ca)

Yours in Health,

Dr. Christina Kay, MD, MSc, FRCPC
Medical Health Officer

On behalf of
Charmaine Enns, MD, MHSc, FRCPC
Medical Health Officer

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October 22, 2024

BC Pediatricians
BC Hospital Pharmacies
BC RSV Clinics
BC RSV Managers and Coordinators
BC Center for Disease Control
BC Public Health

Re: Nirsevimab implementation for the 2024-2025 RSV immunoprophylaxis season

Dear Partners in the BC RSV Immunoprophylaxis Program:

We are writing to share some positive news as we prepare for the 2024-2025 RSV season.

The RSV Program has been able to secure limited doses of nirsevimab (Beyfortus®), the long-acting RSV monoclonal antibody, for young children in BC who are at high risk of severe RSV disease.

At this point, the following infants can receive nirsevimab:

- All infants born after March 31, 2024, and who reside in **isolated remote BC communities** (e.g., Haida Gwaii, northern BC, north/west Vancouver Island, and Bella Coola Valley, central coastal regions, West Cariboo, Burns Lake, Fort St. James, etc.), and the Yukon. These children should be registered by any health care providers, using the following Redcap link.

Please register infants as soon as possible to assist us in managing timely distribution of nirsevimab doses in communities where infants are located. The RSV Program is working closely with Public Health to identify those infants and ensure equitable access to the limited nirsevimab supply.

- Some groups of high-risk *medically complex, fragile* children under 2 years old who do not qualify for palivizumab, such as those with *Down syndrome* can also receive nirsevimab.

- Palivizumab-eligible children who live in difficult-to-access BC areas may receive nirsevimab.

For all potentially eligible, medically complex children, at this point please submit a BC 2024-2025 RSV Program Palivizumab Application Form, which can be found on the PHSA Shared Hospital Organization Portal (SHOP). In the Summary clinical course section of this form, *please provide as much relevant clinical information as possible*, to help us adjudicate doses based on availability.

Evidence supporting current nirsevimab roll-out in BC:

Infants living in remote BC communities affected with RSV are at increased risk of requiring hospitalization. Access to health facilities can also be challenging for these infants if they get sick.

Our review of BC data over 10-years shows that the risk of a severe RSV outcomes in children with chronic medical conditions can also be high, especially when the chronic condition involves multiple body systems. Unlike palivizumab whose effectiveness has been proven only in a restricted number of infant groups, nirsevimab may be more effective in children under 2 years old with these other conditions. Requests for nirsevimab will be provided considering these local data, with the aim of ensuring that infants who could benefit most from the limited supply get prioritized this year.

Nirsevimab is safe, effective and requires only one dose per season. Uncommon side-effects include injection site reactions (<1% of infants). Skin rashes and fever may also occur in some children. For pamphlets for families about RSV prevention and nirsevimab, please refer to the links provided here.

Other children who meet palivizumab criteria (detailed on the BC 2024-2025 RSV Program Palivizumab Application Form) should continue to receive palivizumab this year. By using the palivizumab doses already acquired by the RSV program in children who meet criteria—an intervention with over 20 years of proven effectiveness—we can extend the benefits of immunoprophylaxis to more children across the province.

For nirsevimab administration procedures, including indications and dosage, refer to this link. For Standard Work: nirsevimab preparation, refer to link. For additional information regarding the storage and transportation of nirsevimab please review the Product Monograph and the BC CDC Vaccine Management online resource for general best practices when handling 2-8°C products. *Report suspected cold chain breaks immediately to the RSV desk at rsv@cw.bc.ca*

Palivizumab administration procedures and dosing, Standard Work for Palivizumab Preparation, and other related palivizumab or nirsevimab HCP-related documents can be found on PHSA SHOP. Parent information about palivizumab can be found on the Family Library site.

As of this writing, RSV activity in the province is sufficient to begin administering palivizumab. We are also working with our Program partners to get nirsevimab doses shipped for administration.

Broader efforts are ongoing provincially to delineate what an ideal infant RSV immunization program could look like for BC in the next season (2025-2026). For children not eligible for immunoprophylaxis this year, please visit the ImmunizeBC website to learn more about other RSV prevention strategies, including an RSV vaccine for use during pregnancy to protect infants.

Please reach out to rsv@cw.bc.ca if you have any questions.

Best wishes,

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